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**** CONTINUING DATA *******
 None /TL

**** FOREIGN APPLICATIONS *******
 None /TL

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	IL	4	23	2
Verified and Acknowledged <u>/TUNG S LAU/</u> Examiner's Signature					

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TITLE
 Component health assessment for reconfigurable control

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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